

AO 440 (Rev. 06/12) Summons in a Civil Action

**UNITED STATES DISTRICT COURT**

for the

District of South Carolina

Nelson L. Bruce,

*Plaintiff(s)*

v.

PENTAGON FEDERAL CREDIT UNION ("PENFED"), et al.

*Defendant(s)*

Civil Action No.: 2:22-cv-02211-BHH-MGB

**SUMMONS IN A CIVIL ACTION**

To: *(Defendant's name and address)*

C T CORPORATION SYSTEM (registered agent for: LexisNexis Risk Management, Inc.)  
2 Office Park Court  
Suite 103  
Columbia, South Carolina 29223

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

Nelson L. Bruce  
c/o P.O. Box 3345  
Summerville, South Carolina [29484]

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

*CLERK OF COURT*

Date: \_\_\_\_\_

\_\_\_\_\_  
*Signature of Clerk or Deputy Clerk*

U.S. Department of Justice  
United States Marshals Service

# PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF Nelson L. Bruce,	COURT CASE NUMBER 2:22-cv-02211-BHH-MGB
DEFENDANT PENTAGON FEDERAL CREDIT UNION et al.	TYPE OF PROCESS Civil

**SERVE AT** { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN  
C T CORPORATION SYSTEM (registered agent for: LexisNexis Risk Management, Inc.)  
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)  
2 Office Park Court, Suite 103, Columbia, South Carolina 29223

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

Nelson L. Bruce  
c/o P.O. Box 3345  
Summerville, South Carolina 29484

Number of process to be  
served with this Form 285

1

Number of parties to be  
served in this case

5

Check for service  
on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

Contact information for Service on Registered Agent  
(864) 240-3302  
Hours of Operation M-F from 9:00 a.m. to 4:30 p.m.

Signature of ~~Attorney~~ <sup>Plaintiff</sup> other Originator requesting service on behalf of: ☒ PLAINTIFF ☐ DEFENDANT TELEPHONE NUMBER 843-437-7901 DATE 12-8-2022

## SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin	District to Serve	Signature of Authorized USMS Deputy or Clerk	Date
		No. _____	No. _____		

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode
Address (complete only different than shown above)	Date _____ Time _____ <input type="checkbox"/> am <input type="checkbox"/> pm
	Signature of U.S. Marshal or Deputy

Service Fee	Total Mileage Charges including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
					\$0.00

REMARKS:

### DISTRIBUTE TO:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED